

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029352

STATE FILE NUMBER

Registration District No. 287 Primary Registration District No. 3048 Registrar's No. 173

FILED JUL 22 1963

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Iowa</u> b. COUNTY <u>Taylor</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Maryville</u>		c. CITY OR TOWN <u>Bedford R.R.1</u>	
Length of stay in 1b <u>4 days</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Francis</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Raphael</u> Last <u>Seegar</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-22-1885</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming Stock & grain</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iowa</u>	
11. BIRTHPLACE (City and state or country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Christian Seegar</u>		13b. MOTHER'S MAIDEN NAME <u>Kathryn Little</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna May Seegar</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Edna May Seegar R.R.1 Bedford Ia</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiovascular renal disease with uremia</u> DUE TO (b) <u>[redacted]</u> DUE TO (c) <u>[redacted]</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>[redacted]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>[redacted]</u>		20c. TIME OF INJURY Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. <u>[redacted]</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>[redacted]</u>	
20f. CITY, TOWN, OR LOCATION <u>Bedford</u>		COUNTY <u>Iowa</u> STATE <u>Iowa</u>	
21. I attended the deceased from <u>7-9-63</u> to <u>7-13-63</u> and last saw her alive on <u>7-12-63</u> Death occurred at <u>8:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>H. B. Baerman M.D.</u>	
22b. ADDRESS <u>1220 main Maryville Mo</u>		22c. DATE SIGNED <u>7-16-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-15-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		23d. LOCATION (City, town, or county) (State) <u>Bedford Iowa</u>	
24. FUNERAL DIRECTOR <u>Boyd E. Nowinger</u>		ADDRESS <u>Bedford Iowa</u>	
25. DATE RECD. BY LOCAL REG. <u>7-16-63</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by BOYD G. NOVINGER, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Boyd G. Novinger

Licensed Embalmer No. 5136

P. O. Address BEAUFORD, IOWA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.